Foreword

On the crest of a hill overlooking the central Alberta community of Red Deer stands a stately old red brick building. When built as a private girls' school in 1913, the four-storey building was one of the most impressive sights in the area.

Today, the original building is one of dozens at Michener Centre, a diverse institution providing residential care and training for mentally handicapped Albertans. When the facility first began to care for mentally handicapped people in 1923, it had 108 residents. Red Deer was a community of about 2,300, located in the river valley below the Centre.

Today, in 1983, Michener Centre is a 66-building complex located on 360 acres. Almost 2,000 staff are employed at Michener Centre, providing services and programs for 1,500 residents. Once separated from Red Deer by open fields and fences, the Centre is now more physically and functionally integrated into the city of 50,000 people.

In the intervening years, thousands of people have come to know the Centre: staff, residents, their families, rehabilitation professionals, students, and visitors. One of the Centre's most honoured visitors was the very popular former Governor-General, The Right Honourable Roland Michener, after whom the Centre was renamed in 1977.

This history is more than a look at Michener Centre, its progress over the years, and the people who have lived and worked there. It is also an indicator of how far we have come in providing services and programs for mentally handicapped Albertans. The history of Michener Centre has been a barometer of changing public attitudes, laws and programs with respect to mentally retarded individuals.

In reading this booklet, you will note the changing terminology used to refer to the Centre's residents, and to the institution itself.

The institution opened in 1923 as the Provincial Training School (PTS). In the late 1950's Deerhome, a separate instituion for mentally handicapped adults, was constructed nearby. In 1965, PTS was renamed Alberta School Hospital (ASH).

The institutions were amalgamated as ASH/Deerhome in 1973, and later adopted the name Michener Centre.

In the early years of the facility's operation, residents were generally referred to as "patients," reflecting an emphasis on the medical aspect of their care. This was gradually replaced by the term "trainees," as vocational and occupational training programs became more common from the mid-1940's onward.

Some staff and citizens originally referred to the Centre's population as "children." This term was appropriate in the early years of the Provincial Training School, but became less so as the average age of the Centre's residents rose.

In the late 1960's and through the 1970's, the term "residents" came to be preferred. That term would have created confusion in previous years, when many of the Centre's Mental Deficiency Nurses lived on-site in nurses' residences. These apartment-style buildings have since been converted to accommodate clients. Today the term "clients" is used interchangeably with the term "residents."

The Early Years

1923 to 1931

In the Beginning

At the beginning of the century, the practise of separating mentally handicapped people from the general population was predominent. This was often said to be done for "their own good," to provide a model world, suitable for their own abilities. Segregation was also a convenient response for parents, educators, and the society which found it difficult to deal with the handicapped.

Prior to 1918, Albertans who required mental care were sent to the Mental Hospital in Brandon, Manitoba. At that time little attempt was made to separate the mentally retarded from the mentally ill. In fact, there were few facilities anywhere in the world with special provision for the care and training of retarded people.

Alberta took what was then considered a very progressive step in opening a school for the retarded, as distinct from the mentally ill, in 1918. This institute, known as the "South Edmonton Home for Mental Defectives," began its operation in Edmonton under the Department of Education.

In March of 1918, the provincial government also purchased the Alberta Ladies' College building Red Deer. This school had been built in 1913 by the Presbyterian Synod for the education of young ladies. Apparently, the Synod found that the location of the College made its continuing operation unfeasible and, in 1916, the students were relocated to Edmonton where the school was renamed "Westminster College."

The vacated structure was purchased by the Alberta government to house World War I veterans suffering from nervous disorders. This proved to be a sound decision, as the structure was relatively new, and the farm which was part of the purchase provided both remedial work for the soldiers and substantial food for the hospital kitchen.

The soldiers' mental hospital was located in the former ladies' college for only a few years. By 1922, an institution was under construction at Oliver (just north of Edmonton) for "mental defectives." In 1923, *"it was decided to remove the insane from Red Deer to Oliver and use the Red Deer Hospital for the mental defectives. Arrangements were made in the spring of 1923, and in the middle of summer the transfer was completed; the inmates of Red Deer were sent to Ponoka, the children in the Edmonton Home (for Mental Defectives) were transferred to Red Deer, the home on the south side being closed."*

(1923 Annual Report, Department of Public Health)

The Work Begins

Michener Centre had an inauspicious beginning for an institute which would affect the lives of so many Albertans. With little fanfare, the Provincial Training School opened its doors for operation in October, 1923. Dr. William J. McAlister, former medical officer and administrator at the institute for the mentally incapacitated in Edmonton, was appointed as the School's first Medical Superintendent. Dr. McAlister was born in Ontario in 1879, and graduated from McGill University with Doctor of Medicine and Master of Surgery degrees. He later studied at the Massachusetts Training School for the Feeble Minded.

Dr. McAlister seems to have been pleased with the PTS facility, as he noted that "the building which we took over in Red Deer...has proven fairly satisfactory, especially for the type of case which forms the bulk of our population." There were, however, the inevitable problems of adjustment. Alterations and repairs were carried out on the building even as the patients were admitted. Most of the work was completed by year's end, allowing Dr. McAlister to start "the work of special training which we have in mind."

In its first full year of operation, the school admitted a total of 108 patients, 50 of whom were transfers from the South Edmonton Home for Mentally Defectives, and 58 of whom came from the population at large. Over half of these patients were fifteen years of age or younger, and almost 30 per cent were between the ages of 15 and 20.

The training school in its early years.

In its many years of operation, the PTS was primarily a training school for the academic, vocational and personal development of retarded children and young adults. Criteria and qualifications for entry to the School changed very little over the years. Patients were usually referred to the School by a family physician or, occasionally, by a social worker. With time, and with the growth in social services in the province, more and more patients were referred by "mental hygiene" clinics (as social service centres for the mentally handicapped were then known) and social workers. As the PTS became better known around the province, many families made direct application on behalf of a family member.

The institution's funding has changed somewhat since its early years of operation. While the provincial government has provided most of the School's operating funds, parents and guardians were originally assessed a certain amount for the daily "keep" of each patient. Municipalities, too, were expected to contribute their fair share, as the Provincial Training School was intended to serve the entire province, not just the central area. Today, residents and/or families having sufficient incomes are expected to assume maintenance charges. Otherwise, the Centre's operation is funded almost entirely by the provincial government, with occasional assistance from grants and donations for special projects.

Today, a resident would not be removed from the Centre because of inability to pay for his upkeep (as was apparently the case in the 1930's).

As an interesting aside, the per diem rate for a person's care at the Centre has risen almost a hundred-fold: from $.99 in 1924, to $90.00 today!

The First Patients

The information available on early residents of the PTS says as much about society's limited understanding of mental handicaps as it does about the children themselves. At that time, a child was placed into one of six classifications: idiot, imbecile, moron, constitutionally inferior, psychopathic, or "mentally deficient and psychopathic." These categories were vaguely defined. There were, in all probability, some "normal" children at the Training School because of little-understood disabilities.

Although Dr. McAlister acknowledged that the data available on "probable cause of mental defect" was very imperfect, his assumption was that 75 per cent of the School children had inherited their handicap(s).

Dr. McAlister's records show what today would be seen as a misunderstanding of many aspects of mental retardation. He was, however, simply reflecting the theory of the day when he wrote: *"There is no question that in the large percentage of cases (of) feeblemindedness, there will be found decadent stock, and where decadent stock is there, the problems of dependency, pauperism, vice and crime are to be found, presenting themselves as sources of worry and economic loss to the community and to the state."*

Other theories related by Dr. McAlister, however, would bring agreement from any modern physician. For example, in commenting on how few patients had died during the School's first year, it was noted that: *"A high mortality has been conceded — but I think wrongly so — as natural in the institutions for mental defectives. Good food, fresh air, and proper attention to personal hygiene is reflected as with normal children, in a distinct lowering of mortality."*

Residents Number One and Number Two

The first two admissions to the Training School were Hesther Reynolds and her brother Kehler Reynolds. Hesther was 18 years old when the PTS opened in 1923.

Hesther Reynolds in 1926.

She lived at the School until 1949. After a number of years at a private home in Raymond, Alberta, she returned to the institution in 1960, and now lives in Michener's Nightingale residence. Kehler was 16 years old when he was admitted as "Patient #2." For a number of years he worked with the institution's grounds-keeping crew. Both Hesther and Kehler were free to walk about the grounds, and both appeared quite content to, as one former staff member said, stay at the PTS and "run the establishment."

Through the years Kehler and his buddies developed quite a knack for recognizing the imminent visits of dignitaries. Noticing the subtle changes in the way the staff were scurrying about in the morning, Kehler would announce an upcoming visit. Later in the day, often right beside the visitor in question, he would confirm his prediction, warning all within earshot that the "big shots" had arrived on site.

PTS farming operation — just east of the main building.

Early Operations

With the establishment of the PTS, custodial care for the "feeble-minded," as the mentally handicapped were referred to, was fairly well established in Alberta. Dr. McAlister recognized the great step which had been taken, noting that "1923 may be said to have been a year of distinct progress in the work with the feeble-minded in the province."

In his remarks about the School in 1923, Dr. McAlister felt that the single building was close to its capacity. He recommended that, because the demand for institutional care of the handicapped would continue, "a building program for increased housing facilities should be given serious consideration by the Department (of Public Health)." Similar comments appeared in virtually every annual report over the next fifty years.

The role of the School — its mandate — was to keep children well cared-for, and ensure that "every effort is put forth to keep them clean and happy." This was no easy task considering that of the 108 patients in residence in 1923, 36 could not feed themselves, 31 could not walk without help, 15 could not walk at all, and 45 were almost totally incapacitated.

As noted earlier, there was a wide range in the type of problems experienced by the various children. While retardation was the reason for admitting the child to the School, there were often other concerns, some of them relating to emotional disturbances. It was not uncommon for the occasional patient of either borderline or normal intelligence to suffer from emotional disturbances to the extent that the person could not fit into normal community life; such patients were often sent to the Training School.

Dr. McAlister recognized, as his successors would, that these "borderline patients have particular needs which are not being met at the school." While there were sufficient cases to warrant attention, he noted that *"with our present facilities, we will not be in a position to take care of but a few of those urgent cases...hence the impossibility of attempting anything in the way of institutional care and special training for the above group until a further building program is initiated and put into effect."*

Ironically, one of the School's most effective programs in later years would be the treatment of emotionally disturbed children at "Linden House." This would not come to be, however, until 1960.

The Provincial Situation

By the time of the School's opening, the Department of Public Health was making an effort to determine the number of "mentally handicapped and retarded individuals in the province." Cases requiring institutionalization were reported by social workers and private physicians. In order to make a personal survey of conditions for "mental defectives", Dr. McAlister travelled throughout the province in 1924.

Since its opening, the School had also had a waiting list of applicants, only a small percentage of whom could be taken in each year. In later years, space was gradually made available though renovation and construction of new buildings. In the early years, new patients were normally admitted only when a vacancy was created by the death or transfer of a resident. The annual reports of 1924 and 1925 comment on this problem:

"Without increased accommodation, our school will continue to be hampered by the presence of an undue population...awaiting entry...affecting detrimentally its use as a training centre for those higher grade cases who might later be returned to the community under parole." (1924)

It is important to remember that for many years the Provincial Training School was the only major facility offering residential care and training for mentally handicapped Albertans. It is

not surprising that by 1929 there was a waiting list of 727, resulting in intense pressure from parents, social agencies and legislators to admit patients.

In spite of the problems of overcrowding, the Provincial Training School flourished in the 1920's, as routines were established and the physical facilities were adapted to suit patient needs. The farm was in constant use, providing the school's kitchen with vegetables, dairy products and some meat. As in the days of the soldiers' home, some of the more able patients worked in the farming operation. The farm work taught such patients valuable skills, while occupying what might otherwise have been idle time. Female patients with appropriate skills did some sewing and housekeeping. Formal and regular training programs in such skills did not become a part of the School's operation until a few years later.

Staff resided in the School itself, the unfortunate female staff being in the "healthy" position of occupying the top floor of the building. While there was no elevator, former resident Doreen Befus (see page 18) remembers some of the smaller children riding up and down in the building's dumb-waiter.

Staff's unwritten job descriptions included virtually anything that had to be done at the School, in addition to care of the patients. As staff notes from the time indicate, "the type of patient [at the School] makes an efficient, sympathetic staff member requisite -someone who can place their own interests secondary to the needs of a defective, often repulsive, but very helpless child."

Staff nevertheless appear to have maintained a high morale, and a great deal of interest in the patients' well-being. While it was true then, as it is now, that an individual who could not cope with the work would leave almost immediately, those who stayed formed a dedicated core of employees. It was a common occurence for staff members, on their own time, to take children from the PTS into town or on various outings in the area.

New Construction

Although there had been problems and concerns during the institution's early years, by 1930 things appeared to be looking up. This was Dr. McAlister's last year as Medical Superintendent, and he noted that: *"In submitting my annual report for the year 1930, I do so with a feeling of greater optimism than heretofore, for the future of our work."*

No doubt part of his enthusiasm was due to the fact that, in spite of the ongoing problems associated with overcrowding, construction and renovation had added a new laundry, a power house, a sense training room (for patients who were in some way or another sensorily deprived) and a special playground for infirmary children. Of greatest importance was the addition of an east wing to the main red brick building in September, 1928, and the construction of "The Cottage" in 1930. The additional wing provided more space for infirmary cases, while The Cottage accommodated about 25 "farm" boys. Male staff members were also moved to the second floor of The Cottage, and school rooms were built within. With the movement of male staff, Dr. McAlister appears to have been the subject of a bit of lobbying from the ladies, who still occupied the top floor of the main building. Dr. McAlister soon requested new quarters for the female staff..."considering the arduous nature of the work in which our nurses are engaged."

In leaving the Provincial Training School in 1931, Dr. McAlister no doubt looked back on his eight years a Superintendent with some measure of accomplishment. The school was firmly established as the province's primary facility for the mentally retarded. Dr. McAlister joined the Provincial Mental Institute at Oliver, where he served as Medical Superintendent until 1947.

The Eugenics Board

A piece of legislation passed by the Alberta government in 1928 was to have specific implications for the institution until its repeal in 1972. The Sexual Sterilization Act established a Eugenics Board, with authority to allow sterilization of those persons who were "psychotic, mentally defective, or suffering from neurosyphillis, epilepsy, or Huntington's Chorea." For most of its years of existence, the legislation was regarded as being highly moral, and beneficial for mentally retarded people.

The Act applied to the majority of patients at the Red Deer institution(s). Approval from the Eugenics Board and the patient's parents was required prior to sterilization.

Dr. McAlister welcomed the establishment of the Eugenics Board. The Medical Superintendent felt that, once sterilized, a "high-grade" resident could more easily be moved into the community. He recommended, however, that "practically all defectives that may come within the jurisdiction of the board be given a course of institutional training before parole, the better to equip them for the maintenance of an independent existence."

The Eugenics Board began operating in 1930 and approved a total of 16 sterilizations in that year. By 1971, the Board was approving 30 to 40 sterilizations per year.

The eventual repeal of the Sterilization Act and disbanding of the Eugenics Board in 1973 resulted from substantial changes in public attitudes and medical thought. It was recognized, in essence, that mental retardation was not necessarily of genetic origin, and that involuntary sterilization infringed upon a person's human rights.

An Established Institution

1932 to 1948

Cast of a stage play presented by residents of the school. (circa 1950)

The McCulloughs Take Charge

Dr. McAlister's replacement as Medical Superintendent was Dr. D.L. McCullough, who had been Assistant Medical Superintendent at Ponoka's Provincial Mental Hospital for ten years. Dr. McCullough's wife, Mary, was also a medical doctor. Appointed as medical officer at the Provincial Training School, Mary McCullough's involvement with the PTS parallelled her husband's. Their association with the institution spanned 18 years.

Almost from his first year as Superintendent, Dr. McCullough appears to have placed an increasing emphasis on patient activities. In the summer of 1932, residents were encouraged to participate in outdoor games and exercise, with skating and indoor games emphasized during the winter. For the first time, about 70 children, 13 and 14 years of age, attended a week-long summer camp at Sylvan Lake (just west of Red Deer). From all reports, this new event was a thoroughly enjoyable experience for the children.

Sunday school classes were also held in that year. A very successful patients' sports day, as well as dances and Christmas concerts, rounded out the patients' leisure time. In all these activities there appears to have been strong support from PTS staff who, Dr. McCullough noted, were "without exception, loyal, helpful, and willing to give voluntarily of their ideas and time to the ideals of the School." Staff turnover, which had increased somewhat before the arrival of the McCulloughs, subsided in spite of the new demands upon staff time and energies.

The Population

When the Training School first opened its doors, there had been a very strong — and real enough — feeling that of those who entered, very few would likely "get out." But while the PTS would be a life-long home for many residents, there had always been an effort to return capable individuals to the community.

In 1932, eleven patients were discharged. This was an increase from earlier years and a trend which continued to grow over the years.

Temporary leave for patients was also encouraged, with children allowed home on visits for a full summer and on holidays such as Christmas.

The type of handicap(s) experienced by typical patients had, however, changed very little. As Dr. McCullough noted at the beginning of his first year, "the good majority of our applications for admission are for low-grade, helpless and crippled children — the type of case that, once admitted, is generally here for life." The only satisfactory solution, Dr. McCullough felt, was the provision of special accommodation for this type of infirmary case.

The Superintendent's comments were no doubt spurred by the fact that wards at the PTS still had a mix of patients of different levels and type of handicap, in spite of efforts to separate the mentally ill from the mentally retarded. It was felt that 'brighter' patients developed best when co-located with their peers, rather than with more dependent individuals. While some such segregation was achieved, overcrowding often necessitated grouping patients with diverse handicaps together.

In 1935, there were only 16 new residents admitted from a waiting list of 230. Those figures are somewhat deceptive, as a report from that year indicates: *"At a conservative estimate, there are 5,600 defectives (i.e. idiots, morons and imbeciles) in the province of whom possibly 1,200 should receive instruction. Judging by the numbers alone, the Training School is certainly not meeting the needs of the situation, to say nothing of the social, education, moral and humanitarian aspects of the situation."*

The largest percentage of admission applications were made directly by parents, with the mental hygiene clinics serving as a close runner-up; about half of the admissions by parents were through the Department of Public Health, and the remainder from such sources as municipal councils.

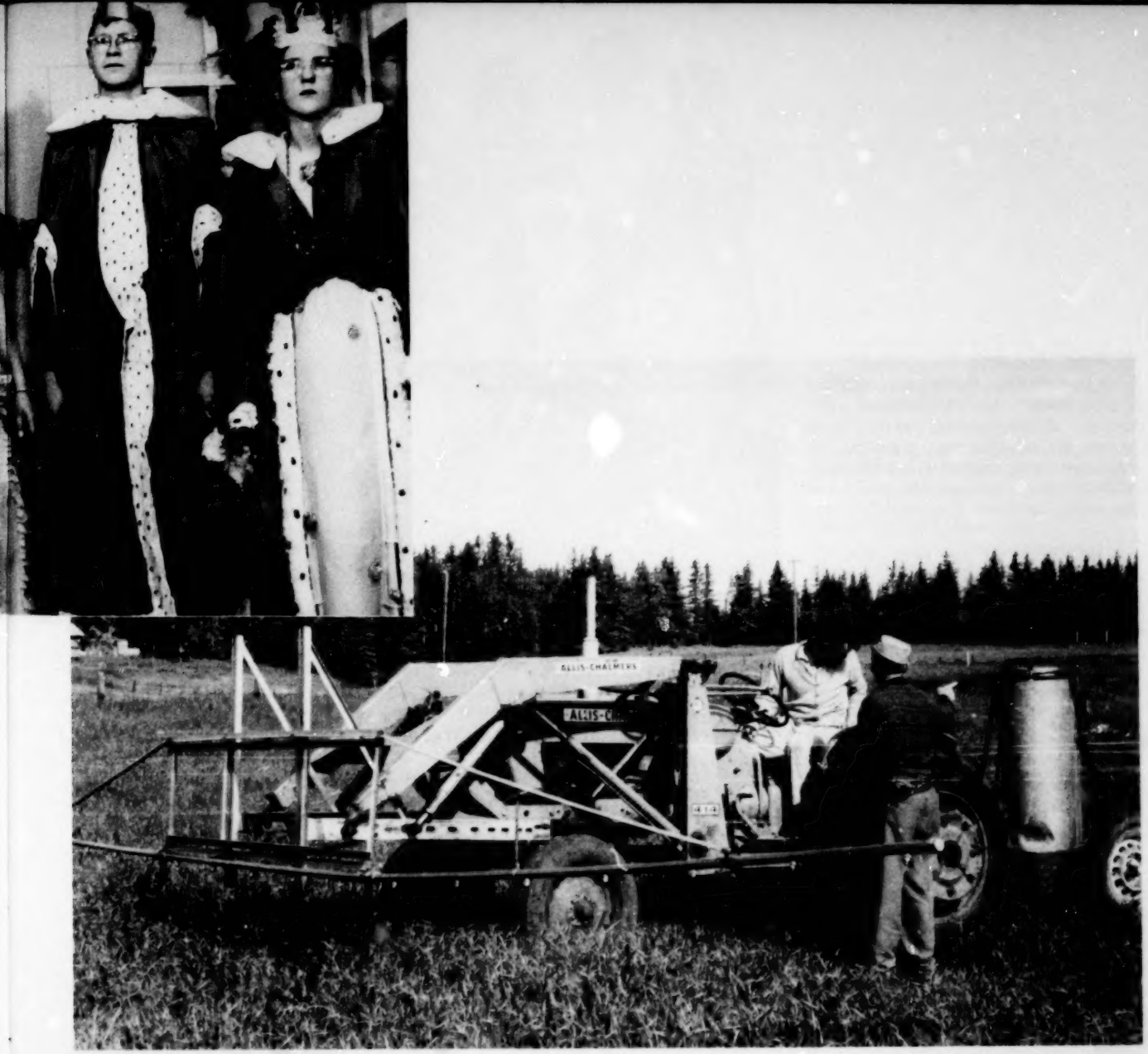
In the 1930s, staff meetings and reports addressed a situation which would recur many times throughout the history of the school:

"This institute continues to be filled to the limit of its capacity, and there is a long waiting list..." (1933)

"...the situation (re: overcrowding) is worse still and calls for immediate and early relief." (1937)

Only toward the end of the 1930s was there any significant construction to alleviate the problem of space. This came about in 1939 with the construction of a two-storey residence which housed 70 patients, and the purchase of the adjoining Gaetz farm.

The 420 acre Gaetz farm proved to be an especially valuable addition. Its large farm house was converted into a residence for older PTS boys, who received instruction in farm work. The farm operation expanded to include grain crops, a dairy herd, hogs and chickens. While offering futher training opportunities, the larger farm could also supply most of the growing institution's food needs.



Agricultural Training at the ASH farm.

Other facilities added to the School during the 1930s included a skating rink, lawn bowling green, tennis court, dining room and kitchen unit, and several new farm buildings.

One of the few periods during which the facility did not have substantial population growth was 1930 - 1939, when the total went from 190 to only 210 individuals. The relatively stable population was beneficial in that it allowed Dr. McCullough to concentrate on implementing a wider range of activities for patients, without the constant and overriding worry of more patients being added to an already overcrowded facility.

Concerts, socials at the School, outings in the Red Deer area, and films were ongoing events. Residents' handicrafts were displayed at the Edmonton Exhibition and the Red Deer Fair. A successful sale of handicrafts was held at the Training School in 1939, and later became an annual event.

The emphasis on outdoor activities continued as well. Trainees made regular use of the new rink and tennis court, and moved farther afield to participate in hikes and summer camps. In 1939, 40 trainees enjoyed the first physical training classes. The male physical training classes were discontinued in the fall of the same year, but "an outside instructress was secured for the girls."

The Thirties in Overview

The 1930s were a time for expansion, not in population, but in the scope of activities and training for PTS clientele. Overall, the School was untouched by most of the world events which occurred outside its walls; famines and depressions made only a minor impression on most residents, whose lives revolved around their daily routines at the School.

A few notable exceptions to this situation were recorded by Dr. McCullough: *"At all times, grade school children and*

the larger boys and girls get pleasure from their radios, the boys particularly so in listening to the broadcasts of hockey matches and prize fights. But the interest shown at the time of the Royal Visit was astonishing, and their interest in the events of the war is really surprising."

Santa visits a residence. (Mrs. McCullough centre, back row)

The PTS Moves Into the Forties

World War II was one of just two 'external' events which had a major impact on the institution. Many years later, the Blair Report on mental health service delivery led to widespread changes not only at the institution, but across the province.

During World War II, it was difficult for the School to secure enough staff, let alone qualified staff, as able men and women were recruited to the war effort at home and abroad. Comments from the time include:

"Staff changes due to resignations were exceedingly numerous." (1941)

"Some of the big, constantly recurring problems were in the shortage of staff, difficulties in securing staff." (1944)

"The turnover is almost 80 per cent." (1945)

"It is recognized that there is a war on...we are no worse off than other institutions and individuals." (1944)

A major event, too, was the retirement, in July, of both the Dr. McCulloughs after 18 years with the Provincial Training School. In the annual report of that year, both McCulloughs were commended for "the traditions set for the care and training of the children (which) were most valuable in forming a central core of trained personnel."

Superintendent McCullough's administration had been characterized by a very personal commitment to patients and to staff. There had been a growing focus on patient training, as opposed to simple "maintenance", but the policies and ideas of the day made major innovation impossible. The 1940s had also been difficult for the School due to financial constraints and staffing shortages. The fact that the PTS had weathered the tough years during and after World War II was undoubtedly a compliment to Dr. McCullough's abilities as an administrator and his interest and concern for the individual.

Camping in the Forties - a personal reminiscence

As I join the early morning rush to work on the north side (formerly Deerhome), I see the little cabins still nestled in the trees on the west side of the road, across from the new Clearview subdivision.

I wonder how many people remember the old "PTS" camping days at those cabins — probably not many of today's staff or residents.

In the early forties, we went overnight camping for at least a week at a time; female staff with female residents one week, male staff and male residents the next. True, we didn't have panels and buses to whisk us away to our camp, but then in those days we weren't going to such places as Heritage Park, Storyland Zoo or Red Lodge Park.

So we just packed our bags and walked the half mile.

Our heavier gear was put on the trusty transport of the era — a wagon pulled by our two faithful horses.

The guys assigned to help the driver were very proud of their duties: Kehler Reynolds, Craig Collins, and George Makowichuk are among those residents who are still here.

It was only half a mile at most from our living quarters to the cabins, but we might as well have been going to the other side of the world, it was so far removed from life on the units. For the residents it was a winter-long dream, and a goal to work towards. Only the most trusted and best behaved could be taken — a necessity when you only had two staff for at least ten to twelve residents.

One staff would be in charge of cooking and chores, the other responsible for the residents' activites. Of course, it always ended up that the two worked together.

The familiarity that was allowed between staff and residents on the camping trips was another "Big Thing" for the residents we cared for. In just about all cases they were allowed to call us by our first name, which was never allowed otherwise.

Also, we could stay up late. If it rained it was still cozy in the cabins, and there was always something to do.

My fellow staff member, the late Mrs. Rooney Christian (then Miss Woof), and

I enjoyed camping thoroughly, because it meant we could forget about late leaves. Providing one of us stayed at camp, we could go out and come in when we pleased.

Once, and sometimes twice during each camping period, however, we would have an unannounced visit from our Matron and Medical Superintendent. They would make an inspection of our camp, check up on our activities with the residents, then (worst of all) check on our cooking ability, and share our vittles.

And don't ever think this was a casual visit with our supervisors in jeans and T-shirts. The Doctor was in a suit, and the matron all crisp and white, with bib and apron.

The day of one such visit we had our wonderful war-time cornstarch pudding. We had a great choice for dessert in those days - Jello or cornstarch pudding.

This cornstarch pudding was very tricky. No matter how hard you tried it turned out like either cement, or soup!

The day our honoured guests visited it was "cement" day. So of course we had a great lecture from our superiors on how if we had put more milk or water in the starch we would not have had this problem. In those days you did not disagree with your supervisors, but I must say it was on the tip of my tongue to say, "Okay, next time you can have 'soup'."

Following our appetizing meal, an inspection was made of the outdoor toilet. On their return from the throne, I was asked what we did with our wood ashes from cooking.

I explained how they went into the container provided, feeling quite proud of the fact that at least the Doctor would know I was fire conscious.

This again was followed by a good ten-minute lecture on how ashes should be put down the toilet as a disinfectant. Well then and there I knew my education hadn't been complete. In my twenty years, this was the first time I had heard about ashes belonging down the "biffy."

In fact, my imagination rather ran away at the thought of what could happen if those ashes were not thoroughly cooled off first!

Now that ashes and toilets had been dealt with, the residents' activities were next on the list for review. 'What had we done so far, and what were our plans?'

'Of course you are going to take them to such-and-such a place' — at least four miles away, eight miles round trip.

Well this was too much for me. Some of our ladies were getting along in years. Also, many of you may remember how war-time shoes left much to be desired, both for staff and residents. I am sure there are many of us suffering today from wearing those things that were passed off as shoes.

My mouth literally fell open, and I gasped "That is four miles away."

"Well," I was indignantly informed, "A walk like that is healthy for one."

Some of the girls had overheard, and had a look of dismay on their faces.

This was one of the times when I didn't listen to my superiors. Instead, the next day we all went down to the river close by. We found a lovely shallow area. It was very peaceful in those days: no houses nearby, or motor boats. In fact I quite expected at any moment to see Nelson Eddy coming around the bend singing "Indian Love Call."

Needless to say, by the time we were through supervising residents, wrestling with a wood stove, doing dishes, and going on hikes, we were usually ready to fall into bed and forget the night life.

Our grand finale to one happy week, though, was to fill Rooney's bed with thistles while she was doing her duties in the cook house.

Rooney was very fond of reading, and seeing as how this was the last night, she decided to stay up a little later for a quiet read. She wondered why we all went to bed so early, and of course the anticipation of what would happen when Rooney finally hit the hay was becoming too much for the girls. There was giggling from every bed, and questions as to 'Why don't you go to bed you look tired' from the girls.

I knew Rooney was becoming pretty annoyed at me for not laying down the law, but I was pretty giggly in those days, too, and was no better than the rest.

Finally Rooney gave up reading and went to bed. Suddenly she knew what the smothered giggles were about. The rest of the evening was spent cleaning out her bed and the cabin.

The camp area seemed as isolated in those days as it was beautiful. Other staff members would love to come out to the camp in the evening with news from the "outside world."

Saskatoon bushes were very plentiful in the camp area at that time, and if you were there at the right time of year, you were indeed lucky. But because of the different surroundings and the fresh air, even the "cement pudding" could taste good.

— by Elizabeth Peck, M.D.N.

Growth and Expansion

1949 to 1959

Dr. McCullough's successor as Medical Superintendent of the Provincial Training School was L.J. leVann, an energetic and highly qualified physician, surgeon and psychiatrist. Dr. leVann's 23-year administration* was marked by new training initiatives, as well as high-quality daily care for trainees.

In the first year of Dr. leVann's administration at the PTS, 101 new trainees were admitted. While this put a strain on the staff at the time, one positive effect was that the list of persons awaiting admission declined to an all-time low of 36!.

Population growth through the 1950s was such that a separate institution for retarded adults, Deerhome, was eventually constructed on the grounds.

Between 1950 and 1959 the number of trainees at the Red Deer institition(s) increased from 293 to 1433!

Staffing

World War II had left the School with a serious shortage of staff, and those who had joined during the 1940s typically had few qualifications for their jobs. "One took what one could get," a former supervisor at the School explained. This situation improved during the 1950s.

In his notes at that time, Dr. leVann explained that:

"Due to the larger number of applicants for employment at the School, we have been able to select people with a grade 11 or 12 education. It has also become possible, via psychometric examination, to select personnel who will be most capable of absorbing the high standard of training courses now being presented."

Programs for Trainees

Early in his administration, Dr. leVann detailed five program areas which would be available to trainees: academic, sense training, occupational therapy, vocational training, and recreational training. The greatest emphasis was placed on academic development.

Although only 28 per cent of the patients at the PTS were considered "high grade" and thus able to attend academic classes, the need for academic education was strong enough to necessitate the construction of several new classrooms. In 1954, children were receiving education to grade five level. In 1957, the educational level had reached grade 7. At least one trainee attended classes at the local high school during the 1960s.

Sense training had been well established early in the School's operation. It continued to play a major part in many trainees' activities, especially in the case of children with sensory deficiencies.

Occupational therapy was also a significant part of the residents' training. With the assistance of a fully accredited occupational therapist hired in 1951, trainees could develop skills (and find a sense of achievement) in weaving, bead work, rug-making and dress-making.

The vocational training program concentrated on more marketable skills for trainees who had a reasonable prospect of being discharged from the institition. The program was also intended to keep permanent trainees constructively employed for part of each day. A supplementary benefit from the program was that skills acquired by trainees in such areas as shoe-making could be applied for the good of all trainees.

As part of the vocational training program, a full-time farm instructor was appointed in 1950, and the number of farm placements increased in the years that followed. Two full-time recreational

Occupational Therapy program in the 1960s.

* Dr. leVann's 23 years at the PTS were not without interruption. Three months after commencing employment, he resigned to accept employment in the United States. Just under a year later he returned to the School and remained there until 1974.

therapists were also hired in 1950. All eligible trainees could now enjoy at least one recreation period per day. In 1955, a second full-time vocational instructor joined the staff to teach carpentry.

There were always a number of trainees at the PTS who had behavioral problems in addition to their physical and mental handicaps. Such problems were considered correctable, given the right staff and sufficient funding. In 1950, a social worker joined the PTS to work with 'problem trainees.' There was "a noticeable improvement in the behavior and adjustment of the trainees involved." With the removal of behavioral barriers, some of these individuals could be discharged to community homes.

In short, the 1950s began with a number of improvements in the programs available to trainees at the PTS.

Mobeen Khan (right) instructs a class of student nurses at Deerhome.

Deerhome

It was during the 1950s that the greatest physical expansion took place at the Provincial Training School. In these ten years the list of new construction included: a new ward for girls, three new children's "villas," a power house, a larger laundry, a new infirmary, a clinical building, and a Superintendent's home.

Overshadowing the PTS expansion, however, was the construction of Deerhome, an institution for mentally retarded adults. The need for this type of facility was evident in the large numbers of mentally incapacitated adults who lived in institutions and training schools intended for children. At the Provincial Training School alone, 422 of the 707 patients were over the age of 17 in 1957.

Deerhome construction began in 1955, and the doors were officially opened in 1957. At that time Deerhome consisted of three dormitories, a utilities building and a kitchen. Eventually, the institution grew to include eight residential/dormitory buildings, a recreation hall, two nurses' residences, and administration building and various structures housing support services.

Deerhome was built on the PTS property, about half a mile to the northeast of the original School. As with the PTS, the Deerhome administration reported to the Department of Health's Mental Health Division.

A former Director of the Mental Health Division, Dr. Randall R. McLean, was appointed as the first Chief Administrator of Deerhome. During the institution's first year, 335 residents were admitted.

It must be kept in mind that Deerhome was built for adults (over 18) needing long-term training before discharge. Accordingly, there was not the same emphasis on education and training at Deerhome as at the PTS. Trainees were, nonetheless, involved in activities such as laundry, fancy work, crafts, and kitchen work. Recreation played a prominent role in many trainees' lives. Walks, weekly dances, sports days, and visits to such events as the Red Deer fair and local hockey games were popular. Christmas was a major event each year, featuring a Christmas concert and a visit from Santa Claus. Both Deerhome and PTS trainees were fortunate over the years to receive gifts from donors such as the T. Eaton Company and local service groups. Even during the depression years each patient received at least one gift at Christmas.

Given the high incidence of physical handicaps amongst Deerhome's population, the home had made arrangements for physicians from Red Deer's Parsons Clinic to visit twice weekly. A registered nurse provided interim care, and a medical staff worker from Ponoka's Provincial Mental Hospital visited on a regular schedule as well.

Looking to the Community

While Deerhome was beginning operation to the north of the Training School, PTS administrators were considering some new directions of their own. More attention was being given to the theory of community integration for mentally handicapped people. Accordingly, in the 1950s the School placed an ever-growing emphasis on community relations — both re-introducing the trainee to community life, and introducing the public to the PTS.

School guidance clinics in Red Deer often featured presentations by Training School personnel. Staff also presented talks on mental retardation and related

treatment programs to interested community groups and associations. Information programs on the education of handicapped people were carried on the local radio station. The response from the community was encouraging. A number of community organizations brought trainees into their homes for visits, to church, or on regular outings. This increased interaction between the School and community was also evident in an increased interest in the School's activities. In 1953, for example, the School's Christmas concert attracted 500 local citizens.

The community at large was not the only group of people to take a greater interest in the School: in 1954, a parent-school association was formed.

The Parent Organization

Some 200 individuals attended the first meeting of the "Parent-School Association for Exceptional Children" (later renamed "Parent Organization — Michener Centre"). Composed of parents and relatives of PTS residents, the Parent Organization acted as a catalyst in the development of many special projects to improve the lives of mentally retarded people.

The organization's first project was to raise funds for the purchase of television sets for PTS residences. Since then the group has, through raffles, bingos, corporate and personal donations, social events, and handicraft sales, funded innumerable projects. Sports equipment, a closed-circuit television system, outdoor furniture, playground equipment, physiotherapy equipment, a bus and a boat are just a few examples of the "extra comforts" provided by the Parent Organization over the years.

In 1955 the Parent Organization purchased nine lots at Gull Lake at a cost of $200. A cottage was erected on the site using materials from an old building at the PTS. The Gull Lake facility, used as a summer camp for residents, was gradually improved from its bare bones beginnings as funds became available.

In the early 1960s the organization funded construction of a curling rink on the PTS grounds. PTS staff members and vocational trainees donated labour to construct the building, which was officially opened on April 5, 1964.

In 1966 the Parent Organization sponsored construction of the "Centennial Special" scale railway on the PTS site.

Perhaps the organization's most important contribution to the well-being of mentally retarded Albertans was the purchase of a house in Red Deer to accommodate mentally retarded persons living outside of the institution. Purchased in 1969, the attractive split-level house became one of the province's first group homes. The West Park House (as it became known) was operated and staffed by Alberta School Hospital.

For a number of years, the Parent Organization published its own quarterly, *The Newsletter*. In the late 1970s *The Newsletter* was merged with the institution's new monthly publication, *The Michener Messenger*.

Still active more than 30 years after its founding, the Parent Organization recently replaced its camp buildings at Gull Lake with a large year-round Lodge (see page 25).

Most importantly, the Parent Organization continues to provide constructive leadership in the campaign towards more normalized environments for mentally retarded Albertans.

Medical Services

As was the case at Deerhome, community physicians were becoming involved in providing medical services to the Training School during the 1950s. For many years, the Medical Superintendent had provided most of the medical treatment required by residents, with the occasional consultation from a local doctor. In 1955, Dr. leVann was pleased to announce the appointment of a medical officer who would assist with the heavy caseload, noting that this addition would result in more "efficient service to the population."

By 1955 a local dentist was also paying regular visits to the PTS. Two mornings each week were devoted to PTS patients,

Laying track for the Centennial railroad, which ran a circuit on the southern edge of ASH.

making it possible for each trainee to have a complete dental check at least every six months.

Overall training at the PTS during the 1950s focused on programs which would facilitate discharge of the trainee; more trainees than ever were receiving practical training and skills which allowed them to function independently of the School, and to be successfully discharged into the community.

This increased emphasis on training was important for several reasons and resulted, in part, from a recognition that the average age of the PTS trainee was increasing. As Dr. leVann reported in one document, "these children are growing up!" He was supported by figures, such as those in 1958, which indicated that 54 percent of PTS residents were over 15 years of age. It was, therefore, important to ensure that the training would equip the adult individual for the 'real world' where possible.

The emphasis on increasing the trainee's independence was also evident in the number of children being encouraged to take home visits during holidays. In 1955, 169 trainees went home for summer holidays, and 104 enjoyed Christmas at home. Just four years later, 235 trainees went home for the summer, and 203 (about double!) had a home Christmas. There appeared to be a greater understanding and acceptance of retarded persons by their families, much to the credit of the Parent School Association.

A greater interest in the mentally handicapped was also evident in the number of annual conferences held at the School by bodies such as the Alberta Teacher's Association for Retarded Children. Such conferences helped teachers gain insight into modern teaching techniques for the retarded, and encouraged the development of standards for education and care of mentally retarded people throughout the province.

Mental Deficiency Nursing

Certainly one of the reasons for the increase in "outside" attention paid to training at the PTS was the increased level of staff expertise. In many areas, professionals at the School were looked on as authorities in the training of the mentally handicapped.

A staff training program had been in place at the Provincial Training School since 1937. Its formation had been the result of an obvious need for a nursing program suited to care of the mentally handicapped. As no such program was in existence at that time, the PTS School of Nursing developed a three-year program which was authorized to grant a Registered Mental Deficiency Nurse (RMDN) status under an Act of the Alberta legislature. Until it was disbanded in 1973, the program had the distinction of being the only School of Nursing in Canada to offer specialized education in care and training of the mentally handicapped.

Staff at the PTS were not required to take the three-year course until the 1950s. This was due in part to the drain on manpower which had taken place during and after the war years. By 1954, though, it was possible to accept only those applicants for employment who would agree to take the Certificate in Mental Deficiency Nursing. The decision to take the course was no doubt made easier for some staff by a curriculum change in 1952. Courses of a more practical (and interesting) nature were shifted to the first year of study, while more theoretical courses were reserved for the second and third years.

In 1952 it was also decided that all courses should be given by personnel at the PTS, rather than by a number of external lecturers. The result was a greater focus on the relationship between the nursing students, both female and male, and the School's population.

For most of its years of existence, this unique staff training program was a direct reflection of attitudes to mental retardation, both in Alberta and around the world. In 1973, however, the MDN program was dissolved in response to advances and changes in the treatment of mentally retarded people. Professionals in the field had, over time, come to place an ever-increasing emphasis upon the need for staff trained in areas such as psychology and the social sciences, as opposed to nursing training which focused more on the medical and physical care of the resident. Thus, by the mid- to late-seventies, the "rehabilitation" worker was replacing the nurse on Ash/Deerhome (Michener Centre) wards.

Before the program's end, however, the mental deficiency nurses formed an association in 1966, which was incorporated under the Societies Act of Alberta in 1969. While there were other training schools in the world for this type of nurse (in Great Britain, Holland, New Zealand and Australia), the vast majority of Alberta's 337 registered RMDN's were trained at the PTS in Red Deer.

In spite of the trend away from "hospital-style" nursing training, interest in the RMDN program increased over the years. As the statistics in Appendix E indicate, the Nursing School's largest graduating class was in 1973, the year it closed.

Today, Mental Deficiency Nurses and Rehabilitation Practitioners work together, each providing their own expertise in the care and training of residents of Michener Centre.

The Fifties Come to a Close

It would be easy to read the record of change and development at the Red Deer complex during the 1950s, and assume that the Centre would never again see the incredible growth which took place during that decade. The changes were, however, just a prelude to the growth and development which would occur during the 1960s.

Changes

1960 to 1969

The sixties would come to be known for changes in treatment at the two centres; for the tremendous population increase, particularly at Deerhome; for a change of name at the PTS and for "Linden House," a pilot program at the Training School.

Linden House

A major concern long under consideration by the PTS administration was that many school trainees, and indeed children across the province, suffered from emotional, rather than mental handicaps, or were emotionally disturbed in addition to being only mildly retarded. Even as far back as Dr. McAlister's time, there was acknowledgement that these children required their own facility, distinct from the facility for the mentally retarded.

In recognition of this need, "Linden House" commenced operation in 1960, in a renovated building at the Training School.

During the years that it was in operation, about 90 per cent of Linden House's admissions were made directly from communities across Alberta, primarily through public school referrals.

The pilot program was designed to accommodate 30 children, and in its first year of operation, 25 children actually took part.

By the end of the program in 1972, fully 90 percent of the children in this program were discharged back into their home communities. Because its program was so innovative, Linden House attracted much attention and many visitors. Visits, however, took place when the children were away from the building, so as not to intrude upon the privacy of their home.

The primary thrust of Linden House was the treatment of emotionally disturbed children of normal or better intelligence. Only a few individuals could be called mentally ill (that is, diagnosed as being psychotic). Many were simply children with learning disabilities; few could be classed as retarded, and if retardation was confirmed the child was transferred to the PTS.

The quality of Linden House's staffing was a major reason for the program's success. It was found that the Mental Deficiency Nursing program was excellent background for the program, and carefully selected staff were rotated from the PTS into Linden House. Their formal training was supplemented by twice-weekly meetings which professional, clerical and administrative staff attended. In the early 1960s, when it was not possible to employ a separate psychiatrist, Dr. le Vann undertook this role himself. The residents' therapy program emphasized goals based upon socially accepted practices in the normal community.

Although various psychiatric disciplines were used, one conclusion reached very early in the program was the necessity for each child to have a well-organized, individualized daily program. Staff found it useful to keep a visual progress chart (i.e., marked by stars) to record and reinforce each child's progress.

Many of the children who entered Linden House were confronted, for the first time, by a way of life with which they were unfamiliar. In many instances they had never been taught how to eat properly or keep themselves clean, and were lacking in many social skills. Eventually, children already in Linden House began to act as spontaneous teachers for newcomers to the program.

By the second year of the pilot program, several of the children had improved to such an extent that Linden House was primarily used as accommodation only. During the day, the children attended school in the Red Deer School Division. With the inclusion of a "normal" school setting in the children's lives, there were misgivings about their possible rejection by their schoolmates. These concerns proved groundless, and the children were well accepted.

Activities at Linden House duplicated, as much as possible, normal children's activities, and included camping, movies, and outings to hockey games. Recreation staff from the Training School also provided picnics, swimming lessons and summer camping at the Parent Organization's R.R. McLean cottages at Gull Lake.

The conduct of the Linden House chidren surprised some observers. For example, expected damage to the facility did not occur, and in spite of an open door policy, few children attempted to run away.

Two major problems came to light through the program: the "vast socio-economic impoverishment" evident in most of the children, and the lack of a suitable half-way facility to help children make the adjustment from Linden House to the community.

The success of the program was obvious from early on, and the five-year pilot program was extended in 1965. The primary reason for ending the project in 1972 was the fact that — at last — community facilities which could provide the same sort of treatment were opening across the province. As well, Linden House (the structure) was too old to continue operations. With the close of Linden House, its remaining residents were transferred into other facilities.

While the Linden House project was underway, activities at the Provincial Training School remained much the same. Its role was still to serve as the primary provincial facility for retarded children aged 4 to 16. Occasionally younger children with severe cases of retardation were also admitted.

Training programs were, by now, regarded as being an absolutely essential part of a child's development. In the School's earliest years, its emphasis had been on custodial care of the children.

During the 1960s, an increase in teaching staff and continued program development produced a growing emphasis on resident training, including academics. The academic program was broken down into five levels: play group, introductory class, junior class, trainable and senior class. At the beginning of the 1960s, six staff were added to the existing academic staff,

giving the School 16 educational therapists, four sense training teachers, four recreation therapists, two vocational instructors and one farm instructor.

The addition of staff and broadening of programs (e.g., the introduction of remedial subject classes in 1964) continued in the 1960s as the School's population increased.

It should be noted that, while new educational areas were added, there was no less emphasis on the older programs, such as sense training and vocational skills. The latter, in fact, was made a mandatory part of the day for any child capable of vocational training. Not only were children being taught useful skills for their anticipated life in a "normal" community, but they continued to provide services and goods for the PTS itself. Numerous pieces of clothing were produced by sewing classes. Farm trainees assisted in tending the school's crops and animals. Vocational courses, such as shoemaking and repair, saved the School having to store large stocks of shoes.

The goods produced were often of exceptional quality. Many items entered for judging in the Red Deer and Edmonton Exhibitions over the years won first prizes. Goods were put on sale at the annual "Vocational and O.T. Auction," (which was held for both Deerhome, and the PTS), and also at various teas and smaller sales held at the institutions over the years. Funds from these sales usually went toward the Patients' Comfort Fund, which was used to provide residents with additional small luxuries. In the 1967 annual auction, the goods sold brought in over $4,000. Yet in spite of these accomplishments, only 20 per cent of the PTS population attended formal training or academic programs.

Trainee activities during the 1960s included summer trips to the camp, which had been established at Gull Lake in 1957. The children attending proved consistently that they could care for themselves remarkably well in a rough setting.

Recreational activities at "home" in the Red Deer institution were enhanced by the construction of an enclosed, four-sheet artificial ice curling rink in 1965. On hand to open the facility, which had been constructed to a large extent by vocational students at the school, was the then Minister of Health, Dr. R.R. McLean.

Learning carpentry skills.

Significant Events in the 1960s

While population increases were constant over the 1960s, 1965 saw a dramatic increase of 100 trainees. In 1963, the Baker Memorial Pediatric Unit in Calgary was temporarily placed under the administration of the PTS, and its population was included in PTS statistics. Yet even accounting for this factor, it is apparent that the actual PTS and Deerhome populations increased steadily through the 1960s.

In 1965 the Provincial Training School was renamed Alberta School Hospital (ASH).

Canada's Centennial year, 1967, did not go unnoticed at the Red Deer complex. Students from vocational classes at the school built a scale railway, with two thirds of a mile of track. A locomotive and two coaches with a capacity of 40 people were also constructed for the recreational use of the residents. The provincial Minister of Health was on hand to drive the last spike and officially open the railroad. Later, the CNR donated the abandoned railroad station from Haynes, Alberta. The station was moved to ASH and renamed Graham Corners after former CNR Vice-President Dr. Roger Graham. Funds for the railway were provided by the Parent School Organization.

The 1960s were notable for some new forms of patient treatment, particularly in the use of medicines and drugs. Most significant was the use of tranquillizers, which were introduced at the Training School in the early '60s, and which allowed for greater success in training patients. Drug testing on a moderate and well-controlled scale was carried into the 1960s, with success noted in 1969 in the

treatment of brain-damaged, hyperactive and mentally disturbed patients.

ASH Success — and Continuing Problems

Toward the end of the 1960s there was every indication that the methods used to prepare ASH residents for discharge to the community were often successful. At the time, Dr. leVann noted that "the discharge of the number of patients over the years, and the low readmission rate has proven the value of this form of training." Training programs of the day emphasized such attributes as honesty and dependability.

Although there were relatively few staffing problems in the early 1960s, the problem of training and keeping staff had reappeared by 1969. This was the case, Dr. le Vann believed, because of the lack of recognition for the special area of medicine dealing with the exceptional or retarded patient.

Furthermore, residents' training could not resolve another well-known problem which occurred too often over the years — the problem of limited space and overcrowding. A number of reports, including this one from 1968, chronicled the situation:

"...the waiting list at the Alberta School Hospital has been increasing yearly, so that at the present time, there are in excess of 600 applications awaiting admission, of which over 300 must be deemed urgent. Pressing demands are received at the School daily... for urgent admissions."

In this same report, Dr. leVann also outlined the overall provincial situation for mentally retarded individuals. For the 400 children born in Alberta each year who would require training, there were two alternatives — day schools for the retarded, or Alberta School Hospital. Bed accommodation at the latter had not been increased since 1964. Meanwhile, Deerhome could no longer admit adults from ASH due to other provincial demands. The Baker Memorial Sanitorium in Calgary had also reached maximum capacity.

Although he could not have known it at the time, some of Dr. leVann's suggestions to alleviate the situation would be repeated in the pages of a major government study the following year. One such suggestion was to develop homes where four to ten patients could live more independently with assistance from a small number of trained staff.

As a first step toward this goal, in 1968, the Parent School Organization purchased a house in Red Deer to accommodate ten girls. These particular individuals were already leaving ASH on a daily basis to do housework, babysitting and similar jobs, returning to the institution in the evenings. The local group home was a natural next step in the girls' developing independence.

While Alberta School Hospital was developing training programs for its residents, Deerhome's work in the 1960s was more custodial, dealing as it often did with severely handicapped persons. Many of Deerhome's residents had spent considerable time at ASH, but had not developed the skills required to live in a less restrictive environment.

Still, there were many patients at Deerhome whose abilities enabled them to have jobs either in the community or in the institution. In 1961, for example, there were 31 residents (26 male, 5 female) who worked outside of Deerhome, returning to the facility each evening. By 1968, this figure had risen to 60. By 1968, many of these individuals were involved in City of Red Deer clean-up projects, and in erecting fences for the Alberta Air Show.

In-house work by Deerhome patients also increased during the 1960s, as residents helped in the cafeteria, on the institution grounds, and on the wards themselves. The 259 patients helping in such work in 1961 had almost doubled by the end of the decade.

Occupational and vocational training were emphasized at Deerhome, with some 600 trainees involved in Occupational Therapy (O.T.) in 1962. The quality of the work produced in such programs is indicated by prizes won at the local fair, and the funds raised each year at the Occupational Therapy Auction ($1,800 in 1960). O.T. participants were also honoured with a prize for their float in the Red Deer Parade — over 20,000 artificial flowers had been made for their entry.

Leisure activities for the residents of Deerhome were very similar to those at ASH: the annual Deerhome circus and sports days, picnics, concerts, day trips, and a number of other special activities. In 1964, Deerhome was given the use of an acreage at nearby Sylvan Lake, and a summer day camp was established, with preference given to those patients who had no family contact. By 1969, these popular camps were accommodating almost 400 residents.

As at ASH, staffing at Deerhome was not a problem in the early 1960s. By 1966, however, male staff turnover was higher than usual, and by the end of the decade, staffing was indeed difficult — particularly, it was noted "to the more highly trained nursing positions." Other areas, such as recreation, did not represent a recruitment problem.

Medical attention for Deerhome residents was primarily provided by local

Red Deer's first group home, in West Park, was established by the Parent Organization.

physicians, many from the Parsons Clinic. This was especially important at Deerhome, due to the severity of many residents' handicaps. Surgery was often necessary, and it was not uncommon for 30 to 40 cases per year to be admitted to the Red Deer General Hospital.

Added to the staff complement in 1960 was a placement officer, who by 1968 was visiting 441 local employers.

One of the more significant events of the 1960s was the appointment of Dr. Jack Brown to the position of Superintendent of Deerhome on July 1, 1966. His arrival was welcomed, as records from that year note that he would provide "much needed administrative leadership and co-ordination of programs."

Deerhome, like ASH, was working towards greater community acceptance of its residents. The effort was aided by a series of articles on Deerhome which *The Red Deer Advocate* published in 1968.

Deerhome also continued "to allow all patients to live outside Deerhome who are able to manage with someone supervising their affairs, and for whom suitable working and living conditions can be made."

Community Acceptance

A short digression is worthwhile to look at how attitudes toward the mentally handicapped have changed over the years. For much of the history of the Michener Centre, there existed the belief that mentally handicapped people were only marginably trainable, and that the best form of treatment for them would be to put them in their own environment, surrounded by their own kind.

In the past 20 years, there has been a growing realization that many mentally handicapped people can function (with varying degrees of independence) in community settings. Group homes and community-based services have taken the place of centralized, institutional services in many areas.

Unfortunately, there still exists a degree of misinformation and misunderstanding about mental handicaps. This is, surprisingly, true of Red Deer as well as communities which have had less involvement with mentally handicapped people. The institution is, after all, the largest employer in Red Deer. Thousands of local people have worked at the institution(s) over the years, including in some cases two or three generations from the same family.

The Centre has made an increasing effort to familiarize local citizens with its operations, and to become involved in the community. Early on, in the 1930s and '40s, teas and sales of residents' handicrafts held at the PTS were well attended by Red Deer citizens. As well, there have often been entries from the Centre in local parades, and many of the Centre's residents have used local facilities such as the swimming pool. As early as 1949, staff members were promoting and discussing the facility on radio.

In more recent years, the community has been encouraged to get acquainted with the facility through ongoing use of such areas as the curling rink, the mall, and the Roland Michener Recreation Centre.

Still, even in the mid-1970s, there was often a lack of understanding of the facility's role, and often a real determination by some citizens to keep group homes from becoming a reality. Integration was not universally accepted, as a sample letter to the editor from *The Red Deer Advocate* in 1974 shows: *"...as a result (of the new policy) people with the intelligence of minus 10 years in age are roaming the streets, sitting in the bars or breaking and entering while an extreme few are doing not too badly with the aid of welfare and a lot of patience from some of the kinder people of our city."*

In 1983, *The Advocate* published a series of ten in-depth articles on Michener Centre and its residents. Although opinions remain divided on many issues related to mental retardation, increased public awareness will hopefully lead to better-informed decisions on the issues.

End of an Era: The Blair Report

Perhaps the most significant event in the history of Michener Centre was the publication, in early 1969, of the Alberta Mental Health Study. This document became better known as the Blair Report, in deference to its author. The general principles contained in this report were accepted by the government in 1969.

Many of the recommendations of the Blair Report were ideas which had been recommended by the Centre's administrators over the years; others were new, and would result in a total restructuring of the delivery of all mental health services in the province.

Doreen Befus: A Life on Her Own

Doreen Befus may not be a typical ex-resident of the Michener Centre, partly because of her willingness to tell about adjusting to a "normal" community, which has made her a well-known figure in Red Deer. She is, nonetheless, a walking promotion for the concept of community integration.

Doreen Befus was born in Medicine Hat in 1926, one of twins born to a widow. Both children were soon put up for adoption, but ill health led to Doreen's placement in seven foster homes before she was placed in the Alberta School Hospital (then the Provincial Training School) when she was seven.

"I grew up in ASH," she says. "I was there for 15 years until 1947."

Following her discharge in 1947, Miss Befus took work on farms in a number of areas, including Rocky Mountain House, Innisfail, Wetaskiwin, and some towns in British Columbia.

She carried out household chores on these farms, but in 1960, ill health again forced her to be admitted to the institution.

"I used to have day jobs," she explains, but she would return to ASH at night. After moving out of ASH Miss Befus worked for a while in the community, and then entered a group home in 1976. Shortly thereafter, however, Doreen Befus moved into a suite in Red Deer's West Park, and has been there ever since.

"I like living on my own," she notes. Like other former residents, she likes to have this independence, but "still have the group home to fall back on if I run into problems. Without that, I wouldn't have felt as I do."

Doreen Befus has written many times that there is hope for all those who are still waiting to get out into the community, "JUST GIVEN THAT SECOND CHANCE IF THE PUBLIC WILL LET THEM." As Miss Befus expresses it, "I had the chance so why can we not help others receive that chance. No road is easy going, and they will run into a few problems no matter where we may live."

Doreen Befus (shown here in 1957) worked for a number of farm families from 1947 through to 1960.

Doreen was one individual who, as she put it, "was determined to prove to the world that I could do it." Her subsequent independence, her employment as a babysitter, and her current full-time interests in writing and speaking on behalf of the handicapped, are proof of that determination.

At one point in her life, Doreen was thought unable to learn anything beyond the grade three level. The training received during her 15-year stay at the Centre, and her subsequent life in a community home, allowed Miss Befus to develop skills, and to adjust to a "normal" community. Many other Michener residents have followed a similar route to Doreen's on their way to more independent lifestyles.

As Doreen Befus puts it: "There is a future for these residents out in the community in Red Deer, or in any other area."

In the summer of 1983 a new 30 minute film on Doreen was released by Calgary producer Michael Keusch, working in conjunction with the National Film Board. The film, "If I Can Do It, You Can Do It," will no doubt spread Doreen's personal brand of optimism and concern for mentally handicapped people.

The Modern Era

1970 to 1980

An Overview

As a former staff member astutely observed, it is possible that there have been more changes in the operation of the Red Deer institutions for the mentally retarded since 1970 than in the 47 years prior to that.

In response to the Blair Report, the government initiated broad changes in mental health policies and programs. A new priority was placed on creating more normal living environments for mentally handicapped people. This lead to the creation of many community-based homes and services for the handicapped, providing alternatives to the institution at Red Deer. Within ASH and Deerhome, there were also major changes. After peaking in 1969, the combined population of the institutions declined steadily throughout the 1970s. The two institutions were amalgamated under one administration in 1973 and known as ASH/Deerhome until 1977, when the complex was renamed Michener Centre.

The Blair Report

The Blair Report made recommendations in a number of general mental health areas, but it was most specific in its comments regarding operations at the Red Deer institutions for the retarded. At the time that Dr. Blair's study team made its review of ASH and Deerhome in the late 1960s, the total resident population was at an all-time high of over 2,200. The institutions' very size, and the lack of appropriate staffing and facilities, made it difficult and often impossible to carry out the mandate of providing residential care and special training to Alberta's retarded individuals.

The Blair Report made the following recommendations for ASH and Deerhome:

"The study group recommends very strongly that (a) the facilities for mentally retarded at Red Deer should not be enlarged and (b) they should not be duplicated in other centres in the province.

A non-hospital facility for the care of seriously retarded individuals is much more effective and more economical and should be provided at the regional level. The large Red Deer hospital installations should be phased out or assigned other roles.

It is recommended that services for intellectually and neurologically handicapped children be distributed, so far as is practicable, to regions in the form of small training and treatment units, which would provide both day and residential facilities.

The study group is greatly concerned about the present necessity to remove children from their homes and communities (defined even in a broad sense) for long periods of time. Several good centralized facilities and Programs exist but placement in them divorces the child and his family and impedes the child's total development.

Benefits which would accrue from decentralization include: the maintenance of family ties during critical years, provision of professional liaison with the families to help facilitate a progression from total residential care to day care service, and possible greater community tolerance and support of rehabilitative and employment efforts."

Not surprisingly, the report echoed many of the recommendations and requests which had been made by Medical Superintendents at ASH and Deerhome over the years. The urgent need to relieve overcrowding at ASH and Deerhome, while improving their physical environment and developmental programming, was now public.

In July, 1971, PARD Associates ("Planning, Architecture, Research and Design") was awarded a contract to advise on changes in design, planning and environment at the Red Deer complex. Their specific aims were:

— to analyze the institutional operations;
— to determine ways to integrate trainees at the School with the general population;
— to relieve overcrowding; and
— to replace inadequate buildings and reconstruct existing facilities to make them functional and compatible with rehabilitation and training programs.

The work undertaken by PARD Associates became known as the "ASH Master Plan:"

1) *The facilities and services of the institution were to be integrated wherever possible into the Red Deer community.*
2) *The developmentally handicapped resident was to have increased exposure to the community in terms of social contact and environment.*
3) *The physical plant (environment) in which the residents live was to be improved.*
4) *Overcrowding was to be alleviated and social grouping of the residents improved.*
5) *Programs were to be designed around the foregoing improvements so as to increase the social and learning skills of the residents, in order that as many as possible could eventually be returned to their "home" community.*

A provincial election and a subsequent change in government delayed implementation, but the ASH Master Plan was activated in 1973. This marked the beginning of an era when the emphasis was on increased community integration, or "normalization" of services for the mentally retarded in Alberta.

Province-Wide Changes

In the early 1970s, the provincial governments — both Social Credit and Progressive Conservative — reorganized Alberta's mental health programs, services, and administration. For the first time, services for the handicapped were administratively separated from mental health services. The new Services for the Handicapped branch was instrumental in placing a new emphasis on treatment, care and training of mentally handicapped people in their

own homes and communities, rather than in the larger institutions.

As proof of the provincial commitment to the concept of community services, the Alberta government also introduced a new program of financial assistance for sheltered workshops in 1972, with grants totalling $286,000. The workshops provided vocational training opportunities for 348 retarded adults.

Community residences and extended care programs also received substantial grants over the next few years. Beginning in 1972, the government no longer required parents of institutionalized residents under the age of 18 to pay fixed maintenance charges. While some voluntary maintenance payments continued, revenues from this source declined substantially.

Services for the Handicapped established regional offices across Alberta to coordinate the evolution towards community-based services. These offices became the focal point for all clients being admitted to, or released from, ASH and Deerhome. Each regional office was responsible for determining the most appropriate environment for each client in the office's geographical region; in many cases, ASH and Deerhome were still the most appropriate alternatives.

As the 1970s progressed, there was increasing appreciation and acceptance of community integration for the handicapped. Part of this integration included the establishment of community homes, which assist the mentally retarded in their integration into the community. One of the first of these facilities, Hillside House, was under construction in Edmonton in 1974. In Hillside's first year of operation, 15 former ASH and Deerhome residents were transferred there on a trial basis. Most of the early Hillside residents were young adults from the Red Deer facility, and their training included skills related to community awareness. From Hillside, clients were able to move out into employment and/or into foster parent or group homes.

A home similar to Hillside was opened in January of the following year in Red Deer. Individuals living there were supervised by community workers from the Red Deer regional office, with support from ASH and Deerhome placement officers.

The establishment of these homes was significant in the history of Michener Centre. The concept of decentralization of services for the handicapped showed evidence of becoming a fact. There were an increasing number of group homes province-wide at this time, with great interest shown in Lethbridge, Grande Prairie and Medicine Hat.

Amalgamation

Co-incident with these external developments were a number of organizational/personnel changes within the Red Deer institutions, including amalgamation under one administration in April, 1973. With a gradually increasing emphasis on developmental programming at the institutions, it was decided that the head of the amalgamated ASH/Deerhome complex did not necessarily have to be a medical doctor. Thus the new position of Executive Director was created, and R.W. Foreman was appointed to that post.

Early in 1974, Mr. Foreman resigned to assume a similar post in Calgary. He was succeeded in February of 1974 by Mr. E. (Bert) Freisen, who served in an acting capacity until the appointment of Dr. Sig Koegler to the position in August of that year. A pediatrician by training, Dr. Koegler was instrumental in establishing Canada's first children's psychiatric research institute. He had done extensive work with mentally retarded children, and was Program Director at Cedar Springs, Ontario (an institution for the retarded) prior to coming to Michener Centre. It was Dr. Koegler who directed an overall reorganization of the administrative structure of ASH/Deerhome to correct some of the problems which had come about as a result of the recent amalgamation. In most cases, each institution had its own administrative and support services, a duplication which amalgamation was intended to resolve.

In many ways the end of an era was marked with the resignation of Medical Superintendent Dr. Jack Brown from Deerhome in 1973, and Medical Superintendent Dr. L.J. leVann from ASH in March, 1974.

Dr. leVann had served as Medical Superintendent of ASH from 1949, and had consistently called for many of the changes (such as the emphasis on community integration) which were contained in the Blair Report. Both Dr. leVann and Dr. Brown possessed strong personalities and were noted for their great compassion for "their" residents at the two institutions. They were each part of the era when the Medical Superintendent possessed a great deal of autonomy, and was able to leave a personal imprint on 'his' institution.

During the 1970s other internal changes at the amalgamated institution included reorganizing the resident population in 200-bed divisions, each defined by patient age and ability, and headed by a division manager.

Prior to 1973, there had been no staff in the areas of psychology and social work with a degree beyond the undergraduate level. This situation began to change in June of that year with the arrival of Dr. David Paley, an Edmonton psychologist. Dr. Paley's responsibilities as Director of Rehabilitation (later renamed Program Director) encompassed the newly formed psychology and social services programs, as well as vocational, recreation, and education departments.

The social services departments became functional in 1975, with 13 staff members who added expertise to case conferences, and improved services at

admission and discharge. The psychology department was also expanded in that year.

The hiring of a physiotherapist in 1975 enabled ASH/Deerhome to provide expanded physiotherapy for 350 residents with physical handicaps. The physiotherapist in turn trained other staff, to further expand the services.

A central pharmacy was established in 1975. Another noteworthy change during 1975 was the extension of the Vocational Services Department, with the formation of the "Vocational Evaluation and Training Centre." This area undertook comprehensive evaluations of each Vocational Services client, evaluating the individual's medical, psychological, vocational, educational and social abilities. The complete evaluation would later aid in the placement of the resident into regular employment or into further training.

It was Vocational Services which, in 1975, established "Rocky Mountain Artists," a division geared to the production of high quality handicrafts.

Vocational Services also promoted continued integration of residents into the community with the signing of a contract with the City of Red Deer. Under this contract, Michener Centre residents have, since 1969, carried out a highly successful grounds maintenance program for Red Deer's parks and public places.

As noted earlier, the institution's medical needs had for many years been attended to almost exclusively by the resident Medical Superintendent, a Medical Officer, or a resident physician, with consultation provided by community doctors. Over time, the institution found itself using more and more of the community medical services. The ASH/Deerhome hospital, once the scene of virtually every type of medical care, was phased out. With the growth of the city of Red Deer, a number of medical specialists joined the many general practitioners who provided medical services to the institution on a contractual basis.

Following the appointment of Dr. Katherine Swallow as Director of Medical Services at ASH/Deerhome in January 1974, there were 34 local doctors "on call" to the institution, and 14 who provided regular service. By 1975, ALL residents of ASH/Deerhome were receiving regularly scheduled, complete medical check-ups.

Other Changes

The growing availability of community facilities for the handicapped also led to the closing of one of ASH/Deerhome's more successful projects in 1973. Linden House, where successful treatment of emotionally disturbed children had helped establish the viability of integration, was phased out of operation at this time. The 18 children who were still part of the program were transferred into the child welfare system in June 1973, and their training transferred to community centres.

The establishment of a "Jitney" bus service in 1976 facilitated a better physical contact with the community, and between the facility's north and south sites (formerly Deerhome and ASH respectively). This free service, which runs a scheduled route on the grounds, is used extensively by staff, residents and visitors, and connects with the City transit system.

1976 also saw Red Deer host the Alberta Special Olympics for the mentally handicapped. This event, usually held in Calgary or Edmonton, was a tremendous success, with the participation of 450 handicapped athletes and some 500 community volunteers.

Renovation and Construction

As overcrowding at ASH/Deerhome eased and community services became available during the 1970s, the institution was able to develop more normal physical environments, and provide more developmental programming for residents.

A major commitment of government funds in the early 1970s resulted in considerable renovation and refurnishing, as well as new construction, at the centre. PARD Associates held regular meetings with management and staff to plan the extensive changes. Most of these architectural changes were in place by 1976. As one staff member noted, even staff attitudes towards residents underwent a change in some instances

'Michener Mall' just north of the Roland Michener Recreation Centre.

because of the altered environment. Brighter colours were introduced. The bunnies and children's pictures which had hung in some adult wards were replaced with more age-appropriate decorations. This was done recognizing that the residents were not children, in spite of their disability.

In many residences, terrazzo floor and wall coverings were replaced with carpets or plasterboard, respectively. New construction included the creation of 21 group homes, a development sought by Medical Superintendent Dr. leVann during his tenure. A large field on the southern edge of the ASH grounds was opened up for expansion of the City's Michener Hill subdivision, and the new group homes were built in this newly developed area. The physical and psychological boundaries between the institution and the city residential area were dissolved in the process.

Work was started immediately on a new multi-use recreation complex for the use of the general public as well as ASH/Deerhome residents. Together, the recreation centre and the new housing in Michener Hill subdivision was the most significant construction undertaken on the grounds since Deerhome had been established in the 1950s.

At the same time, significant steps had been taken to "normalize" residents' lives in as many ways as possible. In the late 1960s a number of students in the Mental Deficiency Nursing program undertook a special project to normalize resident clothing. Over a period of two years, about 200 lower-functioning residents who had been clothed in hospital-style nightgowns were provided with normal apparel and trained in dressing skills.

During this period, more personalized wardrobes were encouraged for all residents, and standardized government-issue clothing was gradually replaced by clothing selected by the resident and/or his family.

Physiotherapy pool at the Roland Michener Recreation Centre.

Meanwhile, the institution-wide use of hospital uniforms ("whites") by staff was discontinued, reflecting the facility's continued evolution from a hospital environment to that of a developmental residence.

"Michener Centre" Becomes a Reality

Although ASH and Deerhome had been amalgamated under the same administrator, and had shared administrative personnel since 1974, the institution was still referred to by both names. With the completion of the new recreation centre in early 1977, the institution was renamed Michener Centre.

The Centre and its new recreation complex was named after a former Red Deer resident and one of Canada's favourite sons, The Right Honourable Roland Michener, then Governor-General of Canada. Mr. Michener had grown up and attended school in Red Deer, where his family was well-known for its involvement in public affairs. Even after leaving Red Deer for what proved to be a remarkable public service career, Mr. Michener maintained a keen interest in the central Alberta community. It was most appropriate that the new recreation complex was named The Roland Michener Recreation Centre in light of Roland Michener's keen interest in health and fitness.

In March of 1977 the Governor-General was on hand to formally open the recreation complex. His presence at the opening was a proud moment in the history of the institution that bears his name. The Right Honourable Roland Michener and his wife, Norah, were joined by Premier Peter Lougheed in opening the complex. Many other dignitaries, including Social Services and Community Health Minister Helen Hunley, were on hand.

Mr. Michener indicated real pleasure in having his name associated with the facility, noting that, "it carries on what, as Governor-General, I have tried to do." A plaque outlining Mr. Michener's life accomplishments was unveiled by Red Deer Mayor Roy McGregor.

Amid the fanfare, Master of Ceremonies Dr. Sig Koegler (Executive Director of Michener Centre) had the pleasure of announcing that the ceremonies were being observed not only by the assembled guests, but by many Centre residents via a new closed-circuit television system.

The four-million-dollar recreation facility lived up to Mr. Michener's description of being "truly remarkable and incomparable." Included in the building are a beautiful 25-metre swimming pool, diving pool, therapeutic pool, gymnasium, theatre, raquetball court, sauna and weight room.

Dr. Sig Koegler (left) presents a plaque to Roland Michener during opening ceremonies for The Roland Michener Recreation Centre. Seated are (left to right): Mayor Roy McGregor, MLA Jim Foster, Premier Peter Lougheed, Social Services and Community Health Minister Helen Hunley.

The Right Honourable Roland Michener

Roland Michener was born on April 19, 1900 in a former parsonage, not far from the present Agriculture Research Station in Lacombe, Alberta.

The Michener family moved from Lacombe shortly after Roland was born, to farm in the Springvale district, and then to a house on the crest of the eastern riverbank, overlooking Red Deer. The latter area soon came to be known as Michener Hill.

Roland's father, Edward, was Mayor of Red Deer from 1904 through 1906, and later became leader of the Conservative opposition in the Alberta Legislature. In 1918 he was appointed to the Senate.

After completing high school in Red Deer, Roland studied Law at the University of Alberta, and following graduation attended Oxford University as a Rhodes Scholar.

After practising law for a number of years, Roland served as Provincial Secretary of Ontario, became a federal Member of Parliament, and was Speaker of the House of Commons from 1957 through 1962. From 1964 through 1967 he represented Canada as High Commissioner to India and Ambassador to Nepal. In 1967 he was appointed Governor-General of Canada, a position he held until January 1974.

In addition to his political and diplomatic skills, Governor-General Roland Michener was noted for his active pursuit of physical fitness. His personal philosophy was perhaps summed up in his final New Year's message as Governor-General, in which he made a plea to Canadians to develop a warm human concern for others as an antidote to the cold computer-like materialism of the modern age.

Southfield

Reference was made earlier to the extension of Michener Hill on an open area of Michener's grounds, formerly used as a pasture and playing field. The resultant group homes became known collectively as "Southfield."

In line with the tenets of the Blair Report, the homes were intended to make possible more individualized care, and a more concentrated level of training, than was possible in the older, more heavily populated residences at the institution. Each home was designed to provide the comforts which are taken for granted in modern housing. In some homes, special provisions such as lower counters, special bathtubs, and other adaptations were made for the physically handicapped.

Construction began in 1974, and in May 1976 the first Michener Centre residents moved in to the homes. The project was constructed in stages, and completed in 1978. The proximity of the group homes to the new recreational facility was to encourage integrated community/resident use of the Recreation Centre.

A special project was initiated in one of the Southfield homes toward the end of 1978. Known as "Project 51A House," its goal was to provide an environment as closely resembling a community home as possible. To facilitate this, residents of one group home purchased and cooked their own food, and bought clothes and toiletries. Community resources, such as medical care, were also arranged for and utilized as much as possible by the clients themselves. In this way, residents developed more independence, and were better prepared to function in the community when they were transferred to a community program.

Changing Staff Responsibilities

With the movement of many of Michener's more intelligent and trainable clients into communities

around the province, the functioning level of the remaining residents was, on average, lower than in previous years. Clients of a lower functioning level required staff with specific skills to meet their needs and staff training was altered to accomplish this. As noted by Assistant Program Director George Wood, at the time:

"We are having to get to more of the basics for these more severely handicapped people."

Admission to Michener was now limited to clients who, due to the severity of their handicap or the presence of significant behavior problems, could not be accommodated in community programs. And many higher functioning, less dependent, residents had left the Centre for less restrictive environments.

As the type of skills needed by staff changed, Michener Centre's Staff Development department developed the appropriate in-house staff training. Staff Development has also offered many courses jointly with Red Deer College's rehabilitation services program.

Guardianship

1978 saw the implementation of important new legislation to provide a legal decision-making process for dependent adults. Prior to this, there had been no legal means for a parent or guardian to make decisions on behalf of mentally retarded (or otherwise incapacitated) adults who were incapable of making such decisions themselves.

The Dependent Adults Act permits the Court to appoint a legal guardian for an adult who is unable to care for him/herself and who is unable to make reasonable personal decisions. Most importantly, the act stipulates that all decisions made by a guardian must be in the best interests of the dependent adult.

In most cases, a guardian is a relative or close friend of the dependent adult. The guardian has been appointed because he/she is familiar with the dependent adult's values, preferences, opinions and religious or cultural heritage.

This knowledge enables the guardian to monitor and assess conditions under which the dependent adult lives, and make decisions on that person's behalf. The guardian acts as an advocate on behalf of the dependent adult.

The Office of the Public Guardian administers the Dependent Adults Act by examining all guardianship applications and documentation before they are presented to the court.

In cases where no family member or individual will make an application for a person who appears in need of guardianship, the Public Guardian will make application to become that person's guardian.

The Office of the Public Guardian also serves as a resource, offering information and assistance to guardians and other interested parties.

All Michener Centre residents are assessed to determine their possible need for guardianship, and these assessments are provided to the Court to aid its decision-making.

As of June 1983, guardianship had been established for almost 900 Michener residents, with another 500 applications for guardianship awaiting court decisions.

The Decade Comes to a Close

The deliberate reduction in the Centre's population during the 1970s was a positive development for the Centre, its residents, and the families of mentally retarded Albertans. In many cases it had been possible to relocate clients in community settings closer to their natural homes and families. Meanwhile, overcrowding at Michener Centre had been gradually eased, thus improving the environment for those clients who remained at the Centre.

For the Alberta department of Social Services and Community Health, the ratio of operating funds for the Centre to that for communities across Alberta was altered dramatically. Where once Michener Centre had received the lion's share of funding for the handicapped, community agencies were now receiving a more equitable share to serve mentally handicapped people in their home communities. In 1972, for example, only 23 per cent of the budget of the Services for Handicapped branch was set aside for community programs. Four years later, the figure was 41 per cent and increasing each year.

By 1976, the number of residents at Michener had dropped to 1,800, from the all-time high of 2,200 in 1972. The lengthy waiting list had also been reduced. From 1971 to 1973 alone, the number of applicants had gone down from 600 to 300 people. By 1979 there was no waiting list.

Changes during the 1970s were numerous, far-reaching, and sometimes controversial. They followed a common theme, expressed in the annual report of 1977:

"The mentally retarded should have as many opportunities as possible to partake in community life."

Today and the Future

At one time, Michener was virtually the only residence for mentally handicapped Albertans who were unable to care for themselves, and whose families were unable to meet their needs. Throughout the 1970s, however, many higher-functioning residents were transferred to less restrictive settings in their home communities, as group homes were developed across the province. At the same time, community support programs and the integration of handicapped children into 'normal' schools enabled most families to raise handicapped children at home. In previous years, many of these children would have ended up in Michener Centre due to a lack of community support programs.

Michener Centre became a more specialized facility, rather than the all-inclusive residence it once was. Its population is now largely made up of severely or profoundly retarded adults, many with multiple handicaps. A significant number of Michener's residents are senior citizens who have typically spent most of their adult years in the institution, and have more difficulty developing the skills required for more independent living in the community. And Michener has come to provide specialized programs for mentally retarded people with behavior problems, who are difficult to accommodate in less restrictive settings.

In the fall of 1978 Michener Centre opened a Behavioral Training Unit, its first facility designated specifically for the training of residents with behavioral problems. In 1980/81 the building which housed Behavioral Training was completely renovated to create four separate eight-person living units, as well as classroom and training areas. At the same time, the unit's services were expanded, and more sophisticated behavioral programs were introduced. Behavioral Management Services (as it is now known) began operating in January 1981, and now provides outreach to residents with behavioral problems located elsewhere in Michener Centre, as well as specialized services to its 32 residents.

In September 1980, Executive Director Dr. Sig Koegler left Michener Centre to join a research/hospital facility for handicapped children at the University of Saskatchewan, Saskatoon. During his years at Michener, Dr. Koegler directed the amalgamation and reorganization of the two former administrative structures, and the transfer of about 600 residents to community-based facilities across the province.

After a nation-wide recruitment, Michener's own Program Director Dr. David Paley was named Dr. Koegler's successor in 1981.

Under Dr. Paley's direction, Michener has continued its evolution towards use of multi-disciplinary staff teams, and Individual Program Planning for residents. Organizational changes have been implemented to place psychologists, social workers, nurses, and managers together in offices adjacent to the residents they work with. During the winter of 1982/83, many residents were relocated in an attempt to arrive at unit populations which shared such characteristics as functioning level, age, physical ability/disability and behavior. This reconsolidation of resident population enabled the Centre to empty and close the older south side units of Spruce, Elder, Juniper and Maple.

With the gradual change in Michener's population, and the increased dependency of its remaining residents, the demands on staff grew. Simply put, the more dependent the residents, the more attention they require in most areas of care and training.

In recognition of these needs, Alberta Social Services and Community Health provided a total of 237 new direct-care staff positions for Michener in the early 1980s.

In another, separate facility, changing needs and changing times had also led to significant improvements. The Parent Organization of Michener Centre had for many years maintained a summer camp facility for residents at Gull Lake, just 30 minutes north-west of Red Deer. Many residents and staff enjoyed camping at the lake, but it became apparent that fewer and fewer of the residents could make use of the camp and its primitive facilities.

The Parent Organization embarked on a fund-raising campaign, and with the aid

Visitors to the 1983 Open House were treated to a piece of cake in celebration of Michener Centre's 60th Anniversary.

of a $250,000 grant from Alberta Social Services and Community Health, built an impressive new lodge on the camp site. The lodge, at a total cost of $630,000, features 8,000 square feet of space specially designed for handicapped users. The bedrooms, sitting lounges, offices, kitchen and multi-use area complete with stone fireplace provide comfortable accommodation in a relaxing, recreational setting. The camp, named after Parent Organization member L.G. Barnes, is operated by Michener Centre, and can now be used year-round by virtually all residents of Michener.

As of this writing, there are some 1,500 residents at the Michener Centre complex. The number is far more than the 107 clients who moved into the facility upon its opening in 1923, but is also substantially less than the population at the centre in 1969.

Approximately 62 per cent of the current residents of Michener Centre are "severely" or "profoundly" retarded. Less than five per cent are under the age of 18.

The Centre's mandate remains two-fold: developing the skills of those who will be able to return to the community; and providing the best possible care, training and developmental programs for those whose handicaps make it necessary for them to remain at Michener.

The size, the activities, and the scope of the operation at Michener Centre will continue to change over the years ahead. Some things, however, will remain the same, such as the interest and remarkable care shown for clients by the staff.

With this continuing commitment from staff, and growing acceptance from the general public, mentally handicapped Albertans will increasingly be able to fulfill their potential.

Postscript

This first published history of Michener Centre is a brief overview of events at the institution during the past 60 years. Readers who have their own recollections, records, or photographs to flesh out Michener's history are encouraged to contact the Public Affairs Officer, c/o Roland Michener Recreation Centre, Box 5002, Red Deer, T4N 5Y5, phone 340-5998.

Appendices

Appendix A PTS and ASH Population
Appendix B ASH/Deerhome, Michener Centre Population
Appendix C Deerhome Population
Appendix D Linden House Statistics
Appendix E Mental Deficiency Nurses Training Program

APPENDIX A

Provincial Training School and Alberta School Hospital Populations

Year End	Population male	Population female	Population Total	Paroles Discharges	Deaths	Staff male	Staff female	Staff Total
1923	57	50	107	1	—			
1924	71	59	130	6	3			
1925	66	67	133	9	2			
1926	70	67	137	4	3			
1927	75	72	147	6	6	n/a	n/a	n/a
1928	84	75	159	2	8			
1929	87	76	163	3	14			
1930	95	85	180	7	7			
1931	102	88	190	8	5			
1932	99	91	190	11	7	20	34	54
1933	107	100	207	10	5	19	34	53
1934	106	99	205	16	10	n/a	n/a	n/a
1935	110	104	214	20	2	21	34	55
1936	108	101	209	14	10	21	34	55
1937	112	103	215	6	3	n/a	n/a	n/a
1938	111	103	214	5	5	21	36	57
1939	112	103	215	7	2	22	36	58
1940	113	103	216	10	3	n/a	n/a	n/a
1941	129	122	251	11	14	23	60	83
1942	146	131	277	15	6	23	59	82
1943	146	130	276	9	8	22	58	81
1944	142	131	273	14	3	24	61	85
1945	143	126	269	16	9	28	58	86
1946	148	124	272	21	3	n/a	n/a	n/a
1947	157	132	289	13	9	27	66	93
1948	165	133	298	15	10	28	67	95
1949	159	134	293	32	8	46	65	111
1950	204	161	365	19	10			154
1951	n/a	n/a	395	27	14			
1952	220	205	425	27	9			
1953	n/a	n/a	496	20	9			
1954	348	285	632	33	13			
1955	388	310	698	49	7			
1956	388	310	698	55	5			
1957	395	312	707	53	6	n/a	n/a	n/a
1958	402	356	758	59	12			
1959	n/a	n/a	n/a	n/a	n/a			
1960	424	332	756	43	10			
1961	408	310	718	41	7			
1962	408	350	796[a]	38	8			
1963	477	376	844	29	10			787
1964	483	386	869	35	10			783
1965	483	378	861	33	12			
1966	514	408	922	31	17			
1967	541	436	977	46	18			
1968	549	459	1008	54	23			
1969	553	459	1012	40	21			
1970	553	462	1015	32	19			
1971/72[b]	n/a	n/a	887	68	25			
1972/73[c]	n/a	n/a	836	172	9			

a. In this year, and until 1973, Baker Memorial in Calgary was included as part of A.S.H.

b. Reporting at this time was changed to fiscal year end March.

c. In 1972/73, A.S.H. and Deerhome were amalgamated, as Appendix B shows.

APPENDIX B

A.S.H./Deerhome (to 1976) and Michener Centre (from 1/1/77) Population

Year Ending	Total Population	Discharge/ Transfer	Death
1973/74	2097	102	38
1974/75	1971	141	31
1975/76	1811	153	13
1976/77	1894	134	25
1977/78	1764	139	37
1978/79	1718	n/a	n/a
1979/80	1657	n/a	n/a

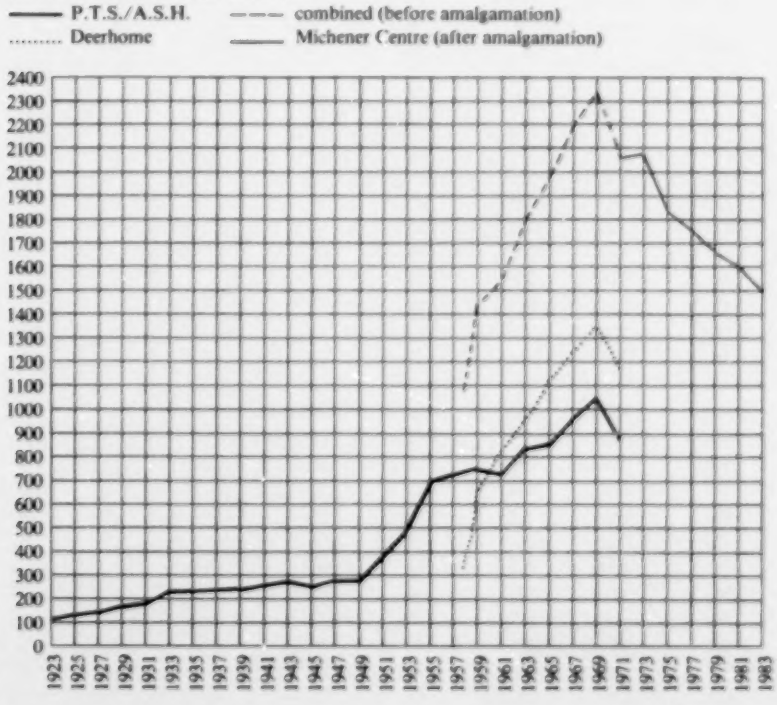
APPENDIX C

Deerhome Population

Year Ending	Population male	female	total	Discharge/ Transfer	Death
1958	175	160	335	2	5
1959	238	437	675	4	10
1960	323	488	811	17	15
1961	388	442	830	11	9
1962	495	449	944	4	14
1963	512	446	958	4	24
1964	517	457	974	10	13
1965	600	534	1134	20	19
1966	666	553	1219	4	20
1967	682	546	1228	6	16
1968	674	555	1229	47	16
1969	747	606	1353	9	17
1970	731	596	1327	13	18
1971/72	n/a	n/a	1195	24	18
1972/73[a]	n/a	n/a	n/a	n/a	n/a

a. In this year, Deerhome amalgamated with A.S.H. Total statistics in Appendix B.

RESIDENT POPULATION*



* see footnotes on Appendix A

Appendix D

Linden House Statistics

Year Ending	Population male	female	total	Discharges	Transfers
1960	14	6	25	9	3
61	15	6	21	4	5
62	14	6	20	13	1
63	12	6	18	6	2
64	12	7	19	12	2
65	13	4	17	8	3
66	11	5	16	6	3
67	6	4	10	11	1
68	13	8	21	8	n/a
69	12	7	19	4	2
70	10	3	13	12	1
71	n/a	n/a	n/a	n/a	n/a
1972/73	n/a	n/a	18	n/a	n/a
1973/74[a]	n/a	n/a	18	n/a	18

a. Linden House ceased operation in 1973. Residents were transferred to community residences or other parts of the ASH.

Linden House Admission By Age

Age Range	1960	1961	1962	1963	1964	1965	1966	1967[b]
6- 7 years	4	4	6	—	3	1	2	1
8- 9 years	4	3	2	2	4	—	2	—
10-12 years	17	3	4	4	1	5	4	4
13-14 years	4	—	1	—	1	3	—	1

b. After this year, there is no age breakdown available.

Appendix E

Mental Deficiency Nursing Program 1935 to 1973

Year	No. of Grads	Year	No. of Grads
1935	6	1954	2
1936	3	1955	13
1937	5	1956	20
1938	none	1957	12
1939	4	1958	12
1940	1	1959	5
1941	6	1960	16
1942	6	1961	17
1943	2	1962	19
1944	8	1963	20
1945	9	1964	18
1946	9	1965	16
1947	4	1966	19
1948	5	1967	10
1949	4	1968	19
1950	none	1969	33
1951	2	1970	30
1952	8	1971	22
1953	9	1972	25
		1973	34

Total number of graduates from 1935 to 1973 was **453.**